

**Lead Agencies Program Logic Model**  
**Grantee should provide one Logic Model for each Program Objective for the Community-Based Services**

<b>Service Population:</b> <i>A concise statement of who you will serve in terms of their demographic and health status indicators.</i>			
<b>Objective #1:</b> <i>A concise statement of the Objective.</i>			
<b>Theory of Change:</b> <i>A concise statement of your assumptions about why one or more specific interventions should cause the individual outcomes you propose.</i>			
<b>Potential Barriers:</b> <i>Internal and external barriers that threaten program delivery, outputs, and outcomes.</i>			
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<b>Inputs</b>	<b>Activities</b>	<b>Outputs</b>	<b>Individual Outcomes</b>
<i>The major resources needed to operate the program.</i>	<i>The major activities required to deliver services &amp; supports and the quarter they will be completed in.</i>	<i>The target productivity of the project (number of people served, number of service units, etc.)</i>	<i>The individual changes to be achieved by the service population as a result of the program.</i>
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## Lead Agencies *Sample* Program Logic Model/Workplan

**\*Grantee should provide one Logic Model for each Program Objective for the Customer Service Responsibilities**

<b>Service Population:</b> <i>A concise statement of who you will serve in terms of their demographic and health status indicators.</i>			
The Wellness and Nutrition Program is a program that will benefit those 60 years of age and older, many of whom suffer from obesity, diabetes, heart disease, high blood pressure, or decreased wellbeing in 5 community dining sites located in Ward 6 of the District of Columbia			
<b>Objective #1:</b> <i>A concise statement of the Objective.</i>			
<b>The Wellness and Nutrition program</b> will increase the mobility of our seniors and decrease their risk of disease, allowing them to remain living independently in their homes for longer periods of time.			
<b>Theory of Change:</b> <i>A concise statement of your assumptions about why one or more specific interventions should help a person to adopt specific changes.</i>			
By providing nutritional education, regular exercise classes, and increased access to healthy foods, we will arm seniors with the knowledge, skills, and abilities that will help them adopt healthy lifestyles.			
<b>Potential Barriers:</b> <i>Internal and external barriers that threaten program delivery, outputs, and outcomes.</i>			
<ul style="list-style-type: none"> <li>Seniors in the community are aware of the existence of this program</li> <li>Program participants have access to nutritional foods outside of the congregate meal program</li> <li>Transportation to the sites is available to seniors who live within the Ward</li> <li>Managing fear of COVID therefore offering Hybrid programming</li> </ul>			
<b>Inputs</b>	<b>Activities</b>	<b>Outputs</b>	<b>Individual Outcomes</b>
<i>The major resources needed to operate the program.</i>	<i>The major activities required to deliver services &amp; supports and the quarter they will be completed in.</i>	<i>The target productivity of the project (number of people served, number of service units, etc.)</i>	<i>The individual changes to be achieved by the service population as a result of the program.</i>
<ul style="list-style-type: none"> <li>DPR community room</li> <li>Activities Coordinator</li> <li>Nutritionist</li> <li>Outreach/Partnership Coordinator</li> <li>Health Promotion Coordinator</li> <li>Van</li> <li>Driver</li> <li>Project Director</li> <li>DACL funding</li> </ul>	<ul style="list-style-type: none"> <li>Q1: Recruit and hire Activities Coordinator and Health Promotion Coordinator</li> <li>Q1: Conduct an initial survey to hear participant feedback on the program</li> <li>Q1,Q2: Recruit seniors to participate in classes</li> <li>Q3: Hold feedback sessions with participants. Implement program enhancements in response to feedback.</li> <li>Q3: Assess program participant</li> </ul>	<ul style="list-style-type: none"> <li>25 seniors will enroll in 1 hour exercise/health promotion classes X 2 days a week = 50 X 52 weeks = 2,600 health promotion service units X 5 community dining sites = 13,000 health promotion units for FY24</li> <li>Program will grow by 20% by the end of the year, bringing the average daily attendance to 30 participants by the end of FY24.</li> </ul>	<ul style="list-style-type: none"> <li>90% of seniors are knowledgeable about own health</li> <li>60% of seniors experience a sustained weight-loss of 5 pounds or more</li> <li>75% of seniors consume 5 or more fruits and vegetables in an average day</li> <li>After 6 months, 60% of seniors report that the exercises are becoming easier</li> <li>30% of seniors will reduce their chance of developing diseases due to poor nutrition and inactivity</li> <li>25% of seniors will maintain their independence longer while participating in program</li> </ul>

<ul style="list-style-type: none"> <li>• Etc.</li> </ul>	<p>demographics. Create outreach strategies to reach underserved groups.</p> <ul style="list-style-type: none"> <li>• Q3: Assess program retention and attendance rates. Develop strategies to increase both metrics.</li> <li>• Q3, Q4: Implement new outreach strategies.</li> <li>• Year-long: Twice-weekly, low-intensity aerobic exercise classes at each community dining site</li> <li>• Year-long: Monthly nutrition classes at each community dining site</li> <li>• Year-long: Conduct yearly nutrition screenings</li> <li>• Year-long: Weekly health education sessions on disease prevention and healthy lifestyles</li> <li>• Year-long: Transport seniors to and from classes</li> <li>• Year-long: Daily Congregate Meals at each congregate meal site (Monday-Friday)</li> </ul>	<ul style="list-style-type: none"> <li>• 12 nutrition education sessions at 5 community dining sites = 60 nutrition education service units</li> <li>• 25 seniors will receive 1 congregate meal daily X 5 days a week = 125 X 52 weeks = 6,500 congregate meals X 5 community dining sites = 32,500 congregate meals will be served in FY24</li> </ul>	
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